Name in Full: Julia A Adams

CERTIFICATE OF DEATH

MARYLAND

Died at: Hagerstown — County: Washington

Date of death: Month 4 — Day 11 — Years 32 — Months — — Days —

Sex: Female — Color or Race: White — Birthplace: Va

Occupation: Housework — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Husband: Wife of Simrod Adams

Father's Name: Druse Hamilton — Father's Birthplace: Va

Mother's Maiden Name: Martha Catlett — Mother's Birthplace: Va

Name of person giving Information: Simrod Adams — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: Some years

Immediate: Cardiac Failure — How long: 4 days

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: D M Duganan

Address: Hagerstown Md

Accident or Suicide?

LIBRARY BUREAU A88018

Name in Full: Christina Mary Anthony

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hancock — County: Washington

Date of death: Month: Jan — Day: 31 — Year: 1904

Age — Years: 71 — Months: 10 — Days: 30

Sex: Female — Color or Race: White — Birthplace: Germany

Occupation: Seamstress — Where Residing if not at place of death: Hancock

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Conrad Anthony — Father's Birthplace: Germany

Mother's Maiden Name: Knobb Known — Mother's Birthplace: "

Name of person giving Imformation: Louis A. Butler — How related to deceased: Nephew

93

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 1 week

Immediate: Heart Failure — How long: 3 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. A. Ward

Address: Hancock Md.

Accident or Suicide? No

LIBRARY BUREAU A88516

Name in Full: Jacob H. Armstrong

CERTIFICATE OF DEATH

Died at: Town: Hagers town — County: Washington — MARYLAND

Date of death: Month: Jan — Day: 24 — Years: 66 — Months: 2 — Days: 20

Sex: male — Color or Race: White — Birthplace: Md.

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or Widowed: married — Name of Wife or Husband: Margaret E. Armstrong

Father's Name: John Armstrong — Father's Birthplace: Md.

Mother's Maiden Name: Rosanna Bender — Mother's Birthplace: Penna.

Name of person giving Imformation: Margaret E. Armstrong — How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Carcinoma of face — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Geo. P. Miller

Address: Hagerstown, md

~~Accident or Suicide?~~

LIBRARY BUREAU A88816

Name in Full: Joseph E. Baker

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagerstown — County: Washington

Date of death: 1904 — Month: 1 — Day: 29 — Age — Years: 16 — Months: 5 — Days: 7

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Laborer — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Frederick D. Baker — Father's Birthplace:

Mother's Maiden Name: Mary A Barlup — Mother's Birthplace:

Name of person giving Imformation: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Ne phritis — How long:

Immediate: Uraemia — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. E. C. Markman

Address: Hagerstown Md

Accident or Suicide?

LIBRARY BUREAU A88818

Name In Full

Certificate of Death

Mrs Mary Baker

Died at ~~Town~~ Two Locks County Washington MARYLAND

Date	Month	Day	Age	Y.	M.	D.	Native of	Occupation
1904	1	21		99			Md.	H. W.

~~Male~~ Female | ~~White~~ ~~Coloured~~ | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living 2

~~Husband~~ Wife of Daniel Baker

Father's Name | Mother's Name

Cause of Death — Primary: Senility — How long sick: Several years

Immediate: Old age — Accident, Suicide, Homicide

Reported by B B Ranson MD

Address Harpers Ferry W Va

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]3

Name in Full: Oma. May Baker.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hagerstown. County: Washington.

Date of death 1904: Month: Jan. Day: 9th. Age: Years: 22. Months: 6. Days: 11.

Sex: Female. Color or Race: White. Birthplace: Huyetts.

Married, Single or Widowed: Married. Occupation: House Wife

Name of Wife or Husband: Charles. Baker.

Father's Name: William Ruth. Father's Birthplace: Hagerstown

Mother's Maiden Name: Mary. E. Spicker. Mother's Birthplace: Huyetts

Name of person giving In formation: Father. How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever. How long: about 5 weeks

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: L. M. Zimmerman

Address: Cor. Howard & Pot. Sts Hagerstown Md.

Accident or Suicide? No

LIBRARY BUREAU A88610

Name in Full: Mehetable Beall.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Washington — County: Dc.

Date of death: Month: Jan — Day: 13 — 1904

Age: Years: 83 — Months: 4 — Days: 27

Sex: Female — Color or Race: White.

Birthplace: Md.

Occupation: None.

Where Residing if not at place of death: Wash Dc.

Married, Single or Widowed: Widowed

Name of Wife or Husband: Joseph Beall.

Father's Name: Samuel Jackson.

Father's Birthplace: Me.

Mother's Maiden Name: Lavina Richmond

Mother's Birthplace: Md.

Name of person giving information: Miss Mary Delaplaine

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Hemorrhage — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Martin Jenkins Delaplaine M.D.

Address: Hanover 6 Maryland.

Accident or Suicide?

LIBRARY BUREAU A83316

Name in Full: Still Born

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagerstown — County: Washington

Date of death 190 4 — Month: 1 — Day: 4

Age — Years: — Months: — Days:

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: Child — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Harry Barton Sr. — Father's Birthplace: Md

Mother's Maiden Name: Ellenora Smith — Mother's Birthplace: Md

Name of person giving Imformation: Harry Barton — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still Born — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: R. L. Duncan

Address: Hagerstown Md

Undertaker

Accident or Suicide?

LIBRARY BUREAU A88016

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Joseph Leonard Basore

Died at: Town: Hagerstown; County: Wash.

Date of death: Month: Jan; Day: 3; Year: 1904

Age: Years: 1; Months: 7; Days: 2

Sex: male; Color or Race: White; Birthplace: Md.

Occupation: child; Where Residing if not at place of death: —

Married, Single or Widowed: single; Name of Wife or Husband: —

Father's Name: Samuel Basore; Father's Birthplace: Md.

Mother's Maiden Name: Lucy Moore; Mother's Birthplace: "

Name of person giving Imformation: Samuel Basore; How related to deceased: father.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus. How long: 16 months

Immediate: Measles How long: Five days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. E. Pitsnogle

Address: Hagerstown Md

~~Accident or Suicide~~?

LIBRARY BUREAU A88018

Name in Full: John Henry Bentley

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death: Month: 1; Day: 4; Year: 1904

Age: Years: 41; Months: —; Days: —

Sex: Male

Color or Race: Black

Birthplace: Md

Occupation: Porter

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Thomas Bentley

Father's Birthplace: Md

Mother's Maiden Name: Annie Brooks

Mother's Birthplace: Md

Name of person giving Information: Annie Brooks

How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis

How long: Don't know

Immediate:

How long: only saw him once

Are the name, age, sex, color, date and place correctly given above? Don't know

Signature of Physician:

Address: J. E. Pitsnogle M.D.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Nancy Bell Bentz

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Funkstown — County: Washington

Date of death 190 4: Month: Jan — Day: 22

Age: Years: 1 — Months: 9 — Days: 12

Sex: Female — Color or Race: White — Birthplace: Funkstown

Married, Single or Widowed:

Occupation:

Name of Wife or Husband:

Father's Name: Abby B. Bentz — Father's Birthplace: Boonsboro

Mother's Maiden Name: Susan C. Harnish — Mother's Birthplace: Mason Dixon

Name of person giving information: Father & Mother — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Capillary Bronchitis — How long: 24 days.

Immediate: Suffocation and general exhaustion — How long: two days.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Dr F D Nuvemer

Address: Funkstown, Maryland

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Elizabeth Bishop

CERTIFICATE OF DEATH

MARYLAND

Died at: Near Town: Hancock — County: Washington

Date of death: 1904 — Month: 1. — Day: 14 — Age: Years 68 — Months 7 — Days

Sex: Female — Color or Race: White — Birthplace: Fulton Co Pa

Occupation: Housewife — Where Residing if not at place of death: Near Hancock

Married, Single or Widowed: Widowed — Name of Wife or Husband: John Bishop

Father's Name: Paul Hess — Father's Birthplace: Fulton Co Pa

Mother's Maiden Name: Sarah Nevetts — Mother's Birthplace: " " "

Name of person giving Imformation: Benner Bishop — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

93

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 2 wks

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: D. E. Stigus

Address: Hancock, Md.

Accident or Suicide?

LIBRARY BUREAU A8881G

Name in Full: Bertha Irene Blacker 174

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Williamsport. County: Washington

Date of death 1904: Month: Jan. Day: 1 Years: Age 4 Months: 1 Days: 17

Sex: Female Color or Race: White Birthplace: Wmsp. Md

Occupation: ~ Where Residing if not at place of death: ~

Married, Single or Widowed: ~ Name of Wife or Husband: ~

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Joseph Burnhard Blacker Father's Birthplace: Wil Cety Pa

Mother's Maiden Name: Minnie Bell Bowers Mother's Birthplace: Sharpsburg Md

Name of person giving Information: J. B Blacker. How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Measles followed by heavy cold. How long: one week

Immediate: Prostration How long: Few hours.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: C W S Richardson

Address: Williamsport Md.

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Doyle J Bonner

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death: Month: 1; Day: 1; 1904

Age: Years: 76; Months: 0; Days: 6

Sex: Male; Color or Race: White; Birthplace: Md

Occupation: Laborer; Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of Wife or Husband: Emily C. Bonner

Father's Name: William Bonner; Father's Birthplace: Md

Mother's Maiden Name: Dorothy Brown; Mother's Birthplace: Md

Name of person giving information: Emily Bonner; How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia; How long: 5 days

Immediate: Heart Failure; How long: "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C R Schuller

Address: Hagerstown Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Annie Elizabeth Bovey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cearlstown; County: Washington

Date of death 1904: Month: Jan; Day: 23

Age: Years: 71; Months: 7; Days: 16

Sex: Female; Color or Race: White; Birthplace: Md

Married, Single or Widowed: ~~Married~~, Widowed; Occupation: None

Name of Wife or Husband:

Father's Name: Solomon Bovey; Father's Birthplace: Hagerstown Md

Mother's Maiden Name: Mary Ann Bigham; Mother's Birthplace: Pennsylvania

Name of person giving Information: Sarah Sleeman; How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Grip; How long: one week.

Immediate: Complication of The Lungs; How long: 14 hours.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: J. T. Jarboe

Address: Smithsburg Md.

Accident or Suicide?

LIBRARY BUREAU A88018

Name in Full: Edwin O Bowers

CERTIFICATE OF DEATH 176

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Williamsport — County: Washington

Date of death 190 4: Month: Jany — Day: 4 — Age: Years: 57 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Antietam Md.

Married, Single or Widowed — Occupation: Housekeeper

Name of Wife or Husband: Reuben O Bowers

Father's Name: John Grey — Father's Birthplace: Catoctin

Mother's Maiden Name: Nancy Broome — Mother's Birthplace:

Name of person giving information: R. T Bowers — How related to deceased: Husband

14.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bilious Dispepsy — How long: about four months

Immediate: Prostration — How long: one week

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. S. Richardson

Address: Williamsport Md.

Accident or Suicide? No

LIBRARY BUREAU A86318

to be buried at Sharpsburg

Name in Full: Still Born Child of John D Bowers

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown County: Washington

Date of death 1905 Month: 1 Day: 28

Age: Years: — Months: — Days: —

Sex: Female

Color or Race: White

Birthplace: —

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: John D Bowers

Father's Birthplace: —

Mother's Maiden Name: Sadie M. Young

Mother's Birthplace: —

Name of person giving Imformation: John D Bowers

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Premature birth

How long

Immediate: Exhaustion

How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E A Mowbray

Address

Accident or Suicide?

LIBRARY BUREAU A88516

Name
Full

Charles C. Brittell.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town ~~Hagerstown~~ York County ~~Washington~~ York

Date of death Month January Day 20 Years 1904 Age 60 Months — Days —

Sex male Color or Race White Birthplace England.

Occupation Printer Where was long if not at place of death York, Pa.

Married, Single or Widowed single Name of Wife or Husband —

Father's Name J. C. Brittell Father's Birthplace England

Mother's Maiden Name Eliz E. Cromwell Mother's Birthplace "

Name of person giving information Wm R. Arlz How related to deceased none

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Tuberculosis How long

Immediate " How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of ~~Physician~~ C. M. Suter Undertaker.

Address Hagerstown Md

Accident or Suicide?

LIBRARY BUREAU A8951B

Name in Full: Still Born Child of John S Bowers

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagerstown — County: Washington

Date of death: 1901 — Month: 1 — Day: 28 — Age — Years — Months — Days

Sex: Female — Color or Race: White — Birthplace

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name: John S Bowers — Father's Birthplace

Mother's Maiden Name: Sadie M. Young — Mother's Birthplace

Name of person giving Imformation: John S Bowers — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Premature Birth — How long

Immediate: Exhaustion — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E C Markum

Address

Accident or Suicide?

LIBRARY BUREAU A88919

Name in Full: Mary Ann Brendle

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hagerstown; County: Wash.

Date of death 190 4: Month: Jany; Day: 10; Age: Years: 87; Months: 9; Days: 27

Sex: female; Color or Race: white; Birthplace: Md.

Married, Single or Widowed: widow; Occupation: H. W.

Name of Wife or Husband: Henry Brendle

Father's Name: Henry Fleet. 64; Father's Birthplace: Md.

Mother's Maiden Name: Elizabeth Alexander; Mother's Birthplace: "

Name of person giving In formation: Mary Brendle; How related to deceased: daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER.

Primary: Senility; How long:

Immediate: " ; How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A S Mason

Address: Hagerstown

Accident or Suicide?

LIBRARY BUREAU A8818

Name in Full: Mrs Mary S Brown

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagerstown — County: Washington

Date of death: 1904 — Month: 1 — Day: 28

Age — Years: 61 — Months: 0 — Days: 1

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: Housewife — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: John M. Brown

Father's Name: Wilson Grimes — Father's Birthplace: Md

Mother's Maiden Name: Nancy Shumaker — Mother's Birthplace: Md

Name of person giving Imformation: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

Middleburg Md

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Carsinoma — How long: Three Yrs

Immediate: Paralysis — How long: 5 Days.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: J. E. Pitsnogle

Address: Hagerstown Md

Accident or Suicide?

LIBRARY BUREAU A83016

Name in Full: George W Cook

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagerstown — County: Washington

Date of death: 1904 — Month: 1 — Day: 23 — Age: Years: 1 — Months: 6 — Days:

Sex: Male — Color or Race: Colored — Birthplace: Md

Occupation: Child — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: George W Cook — Father's Birthplace: Va

Mother's Maiden Name: Sarah Powell — Mother's Birthplace: Pa

Name of person giving Imformation: George Cook — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

92

CAUSES OF DEATH

Primary: Bronchitis — How long: 2 weeks

Immediate: Pneumonia — How long: 1 Week

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. E. Murray M.D.

Address: Hagerstown Md.

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Carlotte Cooper

CERTIFICATE OF DEATH

MARYLAND

Died at: Town HAGERSTOWN; County WASHINGTON

Date of death: Month 1; Day 30; Age: Years 1; Months 6; Days

Sex: Female; Color or Race: White; Birthplace: Md

Occupation: Child

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Harvey H Cooper; Father's Birthplace:

Mother's Maiden Name: Carrie V Noel 92; Mother's Birthplace:

Name of person giving Information:

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia; How long:

Immediate: Cyanosis; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: A P Barnhart

Address:

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: John Thomas Cowten

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: 4 Locks; County: Washington

Date of death 1904: Month: Jan; Day: 29

Age: Years: 76; Months: 4; Days: 3

Sex: Male

Color or Race: White

Birthplace: Md

Occupation: Farmer

Married, ~~Single~~ or Widowed

Name of Wife or Husband: Nancy Brewer

Father's Name: John Cowten

Father's Birthplace: England

Mother's Maiden Name: Sarah Harmison

Mother's Birthplace: Virginia

Name of person giving In formation: Mrs Hassett

How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Paralysis

How long: Three years

Immediate: Heart failure

How long: Six weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Abraham Shank

Address: Clearspring Washington Co. Md.

~~Accident or Suicide?~~

PHYSICIAN OR CORONER

LIBRARY BUREAU A89518

Name in Full: Wm Ernest Cramer 175

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Williamsport, County: Washington

Date of death 1904: Month: Jan, Day: 3

Age: Years: 1, Months: 2, Days: 27

Sex: Male

Color or Race: white

Birthplace: Wmsport.

Married, Single or Widowed: ~

Occupation: ~

Name of Wife or Husband:

Father's Name: Martin Cramer

Father's Birthplace: Washington

Mother's Maiden Name: Emma Fahnestock

Mother's Birthplace: Keedysville

Name of person giving information:

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Measles — How long: 3 weeks

Immediate: Bronchitis — How long: 3 weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Theo. Boose,

Address: Wmsport, Md

Accident or Suicide:

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516

Name in Full: Mary Josephine Cunningham

CERTIFICATE OF DEATH

MARYLAND

Died at ~~Town~~ County: Washington

Date of death: 1904 | Month: 1 | Day: 20 | ~~Year~~ Age: 3 Months 21 Days

Sex | Color or Race: White | Birthplace: District No 10

~~Occupation~~ | Where Residing if not at place of death

~~Married, Single or Widowed~~ | Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John L Cunningham | Father's Birthplace

Mother's Maiden Name: Mary M Shedrick | Mother's Birthplace

Name of person giving Imformation: John L Cunningham | How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Died when I saw it | How long

Immediate: Spasms | How long 12 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C J. Mugid

Address: Hancock Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full

Certificate of Death

Lizzie Dougherty

Died at near Town Zion County Cecil MARYLAND

Date 1904. Month 1 Day 8 | Age Y. 21 M. D. | Native of Md | Occupation Servant

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow Widower | Divorced Number ~~of children living~~

Husband of
Wife

Father's Name Enoch Dougherty | Mother's Maiden Name Christiana H Ames

Cause of Death: Primary Abortion

Immediate Inflammation of Stomach

How long sick

~~Accident, Suicide, Homicide~~

Reported by C. D. Baker.

Address Rodgersville Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70208

Name In Full

Certificate of Death

Charles Earhart-

Died at Town: Hagerstown — County: Washington — MARYLAND

Date 1904 Month: Jany. Day: 5th | Age Y. 60. M. 7. D. 1 | Native of Maryland | Occupation Cabinet-Maker-

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ | Divorced

Number of children living Nine

Husband of ~~Wife~~

Father's Name Andrew Earhart- Mother's Maiden Name Margaret-Delaplane

Cause of Death — Primary: Heart-Disease & Asthma — How long sick: Three Months

Immediate: Heart-failure — Accident, Suicide, Homicide

Reported by H. H. Den-M.D.

Address Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

Name in Full: Kate Easterday

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Boonsboro — County: Washington

Date of death 1904 — Month: 1 — Day: 2 — Age: Years 41 — Months — — Days —

Sex: Female — Color or Race: White — Birthplace: Boonsboro

Married, Single or Widowed: Married — Occupation: House wife

Name of Wife or Husband: Daniel Easterday

Father's Name: Isaac Rhine — Father's Birthplace: Boonsboro

Mother's Maiden Name: — Miller — Mother's Birthplace: —

Name of person giving Information: Sister — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

116.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Peritonitis — How long: 14 days

Immediate: Heart-failure — How long: 6 hrs

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. S. Davis

Address: Boonsboro Md

Accident or Suicide?

LIBRARY BUREAU A23516

Name in Full

Infant-

Certificate of Death

Died at Town: Hagerstown County: Washington MARYLAND

Date 1904 Month: 1 Day: 20 | Age Y. M. D.: — | Native of: — | Occupation: —

~~Male~~ Female | White ~~Colored~~ | Married Single | Widow Widower | Divorced | Number of children living: —

Husband of / Wife

Father's Name: Oliver D. Edwards | Mother's Maiden Name: Maud Miner-

Cause of Death: Primary: Premature Birth- | How long sick:

Immediate | Accident, Suicide, Homicide

Reported by: H. K. Den- M. D.

Address: Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 72988

Name in Full: Robt [illegible] Ferguson Jr.

CERTIFICATE OF DEATH

MARYLAND

Died at: Smithsburg — Town; Washington — County

Date of death 190 4: Month: Jan; Day: 27.

Age: Years: —; Months: —; Days: 8

Sex: male

Color or Race: White

Birthplace: smithsburg

Married, Single or Widowed: —

Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Robert Ferguson

Father's Birthplace: Wash. Co

Mother's Maiden Name: Leah Yeakle

Mother's Birthplace: " "

Name of person giving In formation: John Ferguson

How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Obstruction of Bile ducts.

How long: from birth

Immediate: Convulsions, Jaundice.

How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Dr. J. M. Fleck

Address: Smithsburg Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: John H. Fisk

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagerstown — County: Washington

Date of death: 1904 — Month: 1 — Day: 6

Age — Years: — Months: — Days: 2

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Samuel Fisk — Father's Birthplace: Md

Mother's Maiden Name: Gertrude Ward — Mother's Birthplace: Md

Name of person giving Imformation: Samuel Fisk — How related to deceased: Father

150.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Congenital Heart Disease — How long: 2 days.

Immediate: asphyxia — How long: " "

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Victor Duillen jr.

Address: Hagerstown Md

Accident or Suicide? —

LIBRARY BUREAU A88616

Name in Full: Catharine M. Gardenour

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ringgold — County: Washington

Date of death 1904: Month: 1 — Day: 12 — Age: Years: 70 — Months: 3 — Days: 14

Sex: ~~White~~ Male — Color or Race: White — Birthplace: Ringgold

~~Married~~, Single or ~~Widowed~~ — Occupation: None

TO BE ANSWERED BY NEAREST FRIEND

Name of Wife or Husband: None

Father's Name: Alvey N. Gardenour — Father's Birthplace: Ringgold

Mother's Maiden Name: Mary E. Rohrback — Mother's Birthplace: Edgemont

Name of person giving information: Alvey N. Gardenour — How related to deceased: Father

27

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption — How long: Three Months

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. B. Hoover Undertaker

Address: Smithsburg Md.

Accident or Suicide?

LIBRARY BUREAU A8818

Name in Full: Still Born

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagerstown — County: Washington

Date of death 1904 — Month: 1 — Day: 16

Age — Years: — Months: — Days:

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: Child — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Adam Goetz — Father's Birthplace: Pa

Mother's Maiden Name: Gertie Griffith — Mother's Birthplace: Md

Name of person giving Information: Adam Goetz — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Stiel Born — How long:

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Andrew F. Coffman

Address: Hagerstown Md

Undertaker

Accident or Suicide?

LIBRARY BUREAU A89618

Name in Full: Mrs Eliza A. Graves

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town)	Hagerstown	(County)	Washington		
Date of death 1904 (Month)	Jan	(Day)	20	(Years) Age 76	(Months) 5 (Days) 25
Sex	female	Color or Race	White	Birthplace	Md.
Occupation	H. W.	Where Residing if not at place of death			
Married, Single or Widowed	widow	Name of Wife or Husband	Charles Graves		
Father's Name	Jacob Middlekauff			Father's Birthplace	Md.
Mother's Maiden Name	Elizabeth Poffenberger			Mother's Birthplace	"
Name of person giving Imformation	John L. Hutzell			How related to deceased	son.

CAUSES OF DEATH

Primary	Cancer	How long
Immediate	Uraemia.	How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?	yes
Signature of Physician	Elie Martin
Address	Hagerstown Md
Accident or Suicide?	

LIBRARY BUREAU A88516

Name in Full: Irene Grimes

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Downsville; County: Washington

Date of death: Month: January; Day: 31; Years: —; Months: —; Days: 19

Sex: Female; Color or Race: White; Birthplace: Downs Md

Occupation: —; Where Residing if not at place of death: —

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: George Grimes; Father's Birthplace: Wash. Co. Md

Mother's Maiden Name: Peare Walford; Mother's Birthplace: Wash Co Md.

Name of person giving Imformation: Geo Grimes; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pyaemia; How long: 10 days.

Immediate: ; How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. M. Reichard

Address: Fairplay, Wash. Co.

Accident or Suicide?

LIBRARY BUREAU A6818

Name in Full: Still Born

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hagerstown; County: Washington

Date of death: 1907 / Month: 1 / Day: 5

Age: Years — Months — Days —

Sex: Female; Color or Race: Colored; Birthplace: Md

Occupation: Child; Where Residing if not at place of death:

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: Alex Henson S.; Father's Birthplace: Md

Mother's Maiden Name: Celia Banks; Mother's Birthplace: Md

Name of person giving Information: Celia Banks; How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still Born; How long:

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Audrey K. Leatherman

Address: Hagerstown Md

Undertaker

Accident or Suicide?

LIBRARY BUREAU A86316

Name In Full

Certificate of Death

Still Birth

Town Rohrersville County Washington MARYLAND

Date 1904 Month 1 Day 14 | Age Y. 2 mo M. D. | Native of — | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name Henry C. Hightman

Mother's Maiden Name Cora Beeler

Cause of Death: Primary Placenta Previa

Immediate

How long sick

~~Accident, Suicide, Homicide~~

Reported by Drs C.D. Baker and W. Mc Gilvrey

Address Rohrersville Md Keedysville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70008

Name in Full: Josiah Hoffman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Boonsboro; County: Washington

Date of death 1904: Month: Jan; Day: 2nd

Age: Years: 66 —; Months: ; Days:

Sex: Male; Color or Race: White; Birthplace: Fred Co

Married, Single or Widowed: Married; Occupation: Farmer

Name of Wife or ~~Husband~~: Margret C. Hoffman

Father's Name: Michael Hoffman; Father's Birthplace: Md —

Mother's Maiden Name: Sophia F Boyd; Mother's Birthplace: Md —

Name of person giving information: Minnie C. Dubel; How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Valvular Disease Heart; How long: Sudden

Immediate: ; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes —

Signature of Physician: W. B. Wheeler M.D. Boonsboro Md

Address: Boonsboro Md

Accident or Suicide? Wash. Co —

LIBRARY BUREAU A88316

Name in Full: Chester A Hombaker.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown — County: Washington

Date of death: Month: 1904 April — Day: 21 — Age: Years: 3 — Months: 3 — Days: 14

Sex: male — Color or Race: white — Birthplace: Md.

Occupation: child — Where Residing if not at place of death:

Married, Single or Widowed: single — Name of Wife or Husband:

Father's Name: Simon Hombaker — Father's Birthplace: Penna.

Mother's Maiden Name: Sarah A Bowman — Mother's Birthplace: "

Name of person giving Information: Sarah Hombaker — How related to deceased: mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Measles — How long:

Immediate: Acute Bronchitis — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: L. M. Zimmerman

Address: Hagerstown Md.

Accident or Suicide?

LIBRARY BUREAU A8X816

Name in Full: Francis Peter Hull No 1, 8

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Williamsport — County: Washington

Date of death 190 4: Month: Jan — Day: 20 — Age: Years: 37 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Indianapolis

Married, ~~Single or Widowed~~ — Occupation: Farmer

Name of Wife or Husband: Elizabeth Stashfer

Father's Name: David H. Hull — Father's Birthplace: Hancock Md

Mother's Maiden Name: Katy McCormick — Mother's Birthplace: "

Name of person giving In formation: Wm H. Hull — How related to deceased: Bro

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gunshot Wound — How long: ——

Immediate: instant Death — How long: ——

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: S. K. Snively

Address: Williamsport

Accident or Suicide?

LIBRARY BUREAU A6551G

Name in Full: Martha Ann Tennyson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Funkstown; County: Washington

Date of death 1904: Month: 1st; Day: 14; Years: Age 65; Months; Days: 28

Sex: Female; Color or Race: White; Birthplace: Funkstown

Occupation: Farmers Wife; Where Residing if not at place of death: Funkstown

Married, Single or Widowed: Married; Name of Wife or Husband: Austin Tennyson

Father's Name: David Fisher; Father's Birthplace: Wash Co

Mother's Maiden Name: Smith; Mother's Birthplace: Wash Co

Name of person giving Imformation: Austin Tennyson; How related to deceased: Husband

164

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General Debility; How long: Ten Years

Immediate: Heart Failure; How long: Ten Hours

Are the name, age, sex, color. date and place correctly given above? Yes

Signature of Physician: C. E. Nugent

Address: Funkstown Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Florence May Jacobs

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death 1904: Month: 1; Day: 24; Age: Years: 28; Months: 2; Days: 7

Sex: Female; Color or Race: White; Birthplace: Maryland

Occupation: Housework; Where Residing if not at place of death:

Married, Single or Widowed: married; Name of Wife or Husband: John Jacobs

Father's Name: Isaac Snyders; Father's Birthplace: md

Mother's Maiden Name: Sarah Stouffer; Mother's Birthplace: Md

Name of person giving Information: Rosa Shupp; How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular insufficiency of heart; How long: several years

Immediate: Exhaustion; How long: 48 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: O H W Rayner

Address: Hagerstown Md.

Accident or Suicide?

LIBRARY BUREAU A99018

Name in Full: Mary E. Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Funkstown; County: Washington

Date of death 1904: Month: Jan.; Day: 15

Age: Years: 71; Months: 2; Days:

Sex: Female; Color or Race: White; Birthplace:

Married, Single or Widowed: Widow; Occupation: Housewife

Name of Wife or Husband: William Johnson

Father's Name: ; Father's Birthplace:

Mother's Maiden Name: Mary E. Baker; Mother's Birthplace:

Name of person giving Information: Mr. John Kindle; How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart Disease, Aortic Regurgitation; How long: 18 days

Immediate: Venous Stasis, and general exhaustion; How long: three days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Dr. D. K. Newcomer.

Address: Funkstown, Md.

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Jennie Lydia Jones

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lydia — County: Washington

Date of death: Month: Jany — Day: 29 — Year: 1904 — Age: Years: — Months: 9 — Days:

Sex: Female — Color or Race: Black — Birthplace: Md.

Occupation:

Where Residing if not at place of death:

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Levi Jones

Father's Birthplace: Montgomery Co Md.

Mother's Maiden Name: Lucy

Mother's Birthplace: Montgomery Co Md.

Name of person giving Imformation: V. M. Reichard

How related to deceased: Not related

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Measles — How long: 4 days

Immediate: Branchitis — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: V. M. Reichard

Address: Fairplay. Washington Co

Accident or Suicide?

LIBRARY BUREAU A8951B

Name in Full: Walter Kettoman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Smithsburg; County: Washington

Date of death: Month: 1 Day: 19 1904

Age: Years: 2. Months: 8 Days:

Sex: Male

Color or Race: White

Birthplace: Blue Mountain

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Warren Kettoman

Father's Birthplace:

Mother's Maiden Name: Rockwell

Mother's Birthplace:

Name of person giving Information: Dr Jos. Protzman

How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia

How long: about 4 days

Immediate: "

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr Jos. Protzman

Address: Smithsburg Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88316

Name in Full: Fred. E. Koontz

CERTIFICATE OF DEATH

MARYLAND

Died: Town: Near Sharpsburg — County: Washington

Date of death: Month: Jan — Day: 26 — Year: 1904 — Age: Years: 7 — Months: 8 — Days: 18

Sex: Male — Color or Race: White — Birthplace: Near Sharpsburg

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Henry C. Koontz — Father's Birthplace: Pilgrimantaa

Mother's Maiden Name: Willie M. Shaw — Mother's Birthplace: Mercersville

Name of person giving Imformation: Henry C. Koontz — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Whooping Cough — How long: 4 mos.

Immediate: Exhaustion — How long:

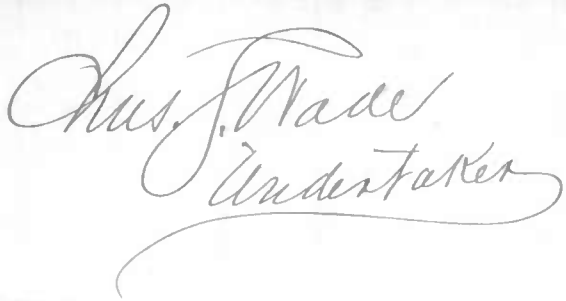
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. M. Gantt

Address: Sharpsburg, Md.

Accident or Suicide?

LIBRARY BUREAU A88510


Chas. J. Wade
Undertaker

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Bertha Naomi Light Foot

Died at: Town: Hagerstown County: Washington

Date of death: 1904 Month: 1 Day: 21 Age: Years 3 Months 2 Days 4

Sex: Femal Color or Race: Colored Birthplace: Pa

Occupation: Child Where Residing if not at place of death:

Married, Single or Widowed: Single Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Light Foot Father's Birthplace: Pa

Mother's Maiden Name: Jane Gaus Mother's Birthplace: Pa

Name of person giving Imformation: Jane Gaus How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Measles How long: 7 days

Immediate: Bronchopneumonia How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: David A Watkins

Address: Hagerstown Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Infant.

No 181

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Williamsport. County: Washington

Date of death 1904: Month: Jany. Day: 16

Age: Years: | Months: | Days: 1d

Sex: Male. Color or Race: White. Birthplace: Wmsprt

Married, Single or ~~Widowed~~: Occupation: None

Name of Wife or Husband:

Father's Name: Wm F. Linder. Father's Birthplace: Annicksville Pa

Mother's Maiden Name: Mary E Stevens 93. Mother's Birthplace: Pa

Name of person giving information: Wm F. Linder. How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia. How long: one week

Immediate: Prostration. How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. H. Richardson

Address: Williamsport Md

Accident or Suicide? No.

LIBRARY BUREAU A6851B

Name in Full: Sarah C. Long

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death 190[illegible]: Month: 1; Day: 2; Age: Years: 1; Months: 11; Days: 15

Sex: Female; Color or Race: White; Birthplace: Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Abraham J Long 92

Father's Birthplace:

Mother's Maiden Name: Lulu E Kally

Mother's Birthplace:

Name of person giving Imformation:

How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchopneumonia — How long: 10 days.

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Victor D Miller, Jr.

Address: Hagerstown, Md

Accident or Suicide? no

LIBRARY BUREAU A83016

Name in Full: Morris Franklin McCauley

No 182

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Charlton — County: Washington

Date of death 1904: Month: Jany — Day: 23 — Age: Years: 5 — Months: — — Days: 10

Sex: Male — Color or Race: White — Birthplace: Florence Dist Va

Married, Single or Widowed — Occupation: none

Name of Wife or Husband:

Father's Name: James M Cauley — Father's Birthplace: Augusta Co Va

Mother's Maiden Name: Cora Marshall — Mother's Birthplace: Rockingham Co Va

Name of person giving In formation: Cora Marshall — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: measels — How long: 1 Wk —

Immediate: Croup — — How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: No Physician

J F Kuhns

Address: Williamsport —

Accident or Sulcide?

Undertaker

PHYSICIAN OR CORONER

LIBRARY BUREAU A00310

Name in Full: Mrs Esther Mannsley

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Blue Mountain — County: Washington

Date of death: Month: Jan. — Day: 3 — 190[illegible]

Age: Years: about 35 — Months — Days

Sex: female — Color or Race: White — Birthplace: not Known

Occupation: N. W.

Where Residing if not at place of death:

Married, Single or Widowed: married — Name of Wife or Husband:

Father's Name: Not Known — Father's Birthplace:

Mother's Maiden Name: " " — Mother's Birthplace:

Name of person giving Imformation: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: R. R. Accident — How long:

Immediate: " " " — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: J. McP. Scott

Address: Hagerstown Md.

Accident or Suicide?

LIBRARY BUREAU A88810

Name in Full

Certificate of Death

Chas. Albertus Marshall

Town

County

Died at Zigo Worth MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 1904	1	13	Age -	1	9	Md.

Male ~~Female~~ White ~~Colored~~ Married Single Widow Widower Divorced Number of children living —

Husband of
Wife

Father's Name Edward Marshall

Mother's Maiden Name Anna Rebecca Springer

Cause of Death: Primary Bronchitis 90

Immediate Pneumonia

How long sick 5 days

Accident, Suicide, Homicide

Reported by C Gerlach

Address Rohrersville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 71002

Name in Full: Jennie Martin

CERTIFICATE OF DEATH

Died at: Town: Hagerstown; County: Washington; MARYLAND

Date of death: Month: Jan; Day: 28; Years: 34; Months: 6; Days: 12

Sex: Female; Color or Race: white; Birthplace: Md.

Occupation: Housekeeper; Where Residing if not at place of death:

Married, Single or Widowed: single; Name of Wife or Husband:

Father's Name: J. C. Martin; Father's Birthplace: Md

Mother's Maiden Name: Matilda C. Martin; Mother's Birthplace: Penna.

Name of person giving Imformation: Wm H Riley; How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia; How long:

Immediate: Exhaustion; How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E E Markam

Address: Hagerstown Md

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full "Baby" Mason

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Hagerstown County: Washington

Date of death: Month: Jan. Day: 11 1904 Age: Years Months Days

Sex: Male Color or Race: white Birthplace: Hagerstown

Occupation: — Where Residing if not at place of death: —

~~Married~~, Single or ~~Widowed~~ Name of Wife or ~~Husband~~

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Wm F. Mason S. Father's Birthplace: Carlisle Pa.

Mother's Maiden Name: Effie R. Degineau Mother's Birthplace: Hagerstown

Name of person giving Imformation: Wm F. Mason How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still born at term How long: —

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. W. Degineau

Address: Hagerstown, Md.

Accident or Suicide?

LIBRARY BUREAU A28816

Go to Mayors office
And get burial permit

Name in Full

Certificate of Death

Jane Wells

Died at Town Fruitland County Wicomico MARYLAND

Date 1944 Month 1 Day 6 | Age Y. 57 M. 1 D. 9 | Native of Md | Occupation housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | ~~Divorced~~ | Number of children living 5.

Husband of Wife Lucas Wells

Father's Name Alexander Grunden | Mother's Maiden Name Missi Long

Cause of Death: Primary Cumplus

Immediate Marasmus

How long sick 3 yrs.

~~Accident, Suicide, Homicide~~

Reported by C. D. Baker M.D.

Address Princess Anne Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 28893

Name in Full Christina Mills

Certificate of Death

Died at Town Indian Spring County Washington MARYLAND

Date 1904 Month Jan Day 26 | Age Y. 45 M. — D. | Native of Maryland Occupation Housewife.

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 9

~~Husband~~ Wife of Erwin Mills

Father's Name Samuel Brock | Mother's Name [illegible] Weller

Cause of Death: Primary Nephritis

How long sick 3 days

Immediate Apoplexy

~~Accident, Suicide, Homicide~~

Reported by Dr H. C. Foster.

Address Clearspring Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79858

Name in Full: George O Moller

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagerstown — County: Washington

Date of death: 1904 — Month: 1 — Day: 7

Age — Years: 56 — Months: 4 — Days: 24

Sex: Male — Color or Race: White — Birthplace: Denmark

Occupation: Organ Builder — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Marie E Moller

Father's Name: Nelson O Moller — Father's Birthplace: Denmark

Mother's Maiden Name: Ipsen — Mother's Birthplace: Denmark

Name of person giving information: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Carcinoma of liver — How long: About two years

Immediate: Exhaustion of vital forces — How long: About six weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. W. Hunsicker

Address: Hagerstown, Md.

Accident or Suicide? ~~Accident or Suicide?~~

LIBRARY BUREAU A88810

Name in Full: Maurice Eugene Moze.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sharpsburg; County: Washington

Date of death 190 4: Month: Jan; Day: 8

Age: Years: —; Months: 2; Days: 23

Sex: Male; Color or Race: White; Birth-place: Sharpsburg

Married, Single or Widowed: —; Occupation: —

Name of Wife or Husband: —

Father's Name: Franklin E. Moze; Father's Birthplace: Sharpsburg

Mother's Maiden Name: Helen Schopbert; Mother's Birthplace: —

Name of person giving In formation: Franklin E. Moze; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Drowning - Found dead. How long: —

Immediate: How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, data and place correctly given above? Yes.

Signature of Physician: C. Ivy Gantt

Address: Sharpsburg, Md.

Accident or Suicide?

LIBRARY BUREAU A88910

Eugene Market
Undertaking

Name in Full: Jacob S Needy

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Smithsburg (County) Washington

Date of death 1904 Month: Jan Day: 28

Age: Years 83 ~~Months~~ Days 5

Sex: Male Color or Race: White Birthplace: Washington

Occupation: Farmer Where Residing if not at place of death: Smithsburg

Married, Single or Widowed: Married Name of Wife or Husband: Melinda Gallighir

Father's Name: Jacob Needy Father's Birthplace: Washington

Mother's Maiden Name: 66 Mother's Birthplace: "

Name of person giving Imformation: Melinda Needy How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis + old age How long: Ten days

Immediate: heart How long:

Are the name, age, sex, color, date and place correctly given above? " yes

Signature of Physician: J L Massie M.D.

Address: Smithsburg Md

Accident or Suicide?

LIBRARY BUREAU ABDSIS

Name in Full: Kunde Newcomer

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Beaver Creek; County: Washington

Date of death: Month: Jan.; Day: 21; Year: 1904

Age: Years: 62; Months: —; Days: —

Sex: Male

Color or Race: White

Birthplace: Beaver Creek

Occupation: Retired Merchant

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: Mary S Miller

Father's Name: Henry Newcomer

Father's Birthplace:

Mother's Maiden Name: Mary A Seibert

80

Mother's Birthplace: Boonsboro Md

Name of person giving Imformation: Mary Newcomer

How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Grippe — How long: 4 days

Immediate: Angina Pectoris — How long: a few minutes

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Dr F. D. Newcomer

Address: Funkstown, Md.

Accident or Suicide?

LIBRARY BUREAU A88016

Jack Stoupe
Mr. Stoupe
M. L. Miller
William Grossman
Gerald Smith
L. B. Smith

Name In Full — Certificate of Death

Esther Pearl Paper

Town — County

Died at Hagerstown — Washington — MARYLAND

Date 1904 — Month 1 — Day 24 — Age Y. 7 M. 9 D. — Native of Md. — Occupation —

Female — White — Single — Widow — Widower — Divorced — Number of children living —

Husband of / Wife

Father's Name Hillary Paper — Mother's Name Ella Miner

Cause of Death — Primary Measles — How long sick 4 weeks

Immediate Pneumonia — Accident, Suicide, Homicide

Reported by H. H. Den - M.D.

Address Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 74818

Name in Full: Josephine Penner

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death: Month: Jan; Day: 12; Years: 67; Months: —; Days: —

Sex: female; Color or Race: White; Birthplace: Md.

Occupation: H. W.; Where Residing if not at place of death: Hagerstown

Married, Single or Widowed: widow; Name of Wife or Husband: Geo W Penner

Father's Name: David Spessard; Father's Birthplace: Md

Mother's Maiden Name: Maria Weaver; Mother's Birthplace: "

Name of person giving Imformation: Addi Snyder; How related to deceased: daughter.

104

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastritis; How long

Immediate: Exhaustion; How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Ed Markam

Address: HAGERSTOWN, MARYLAND.

Accident or Suicide?

LIBRARY BUREAU A08516

Name in Full: Viola Elizabeth Poole No. 179

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Williamsport — County: Washington

Date of death: 1904 — Month: Jany. — Day: 9 — Age: Years: 5 — Months: 3 — Days: 25

Sex: Female — Color or Race: White — Birthplace: Williamsport

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Chas C Poole — Father's Birthplace: Wmsprt Md

Mother's Maiden Name: Sadie E Crowell — Mother's Birthplace: Bedington W Va

Name of person giving Information: C E Poole — How related to deceased: Father.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: two weeks

Immediate: Prostration — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W S Richardson

Address: Williamsport Md.

Accident or Suicide?

LIBRARY BUREAU A83316

13 30

1 .9. 1904

9/2 — .15 — 1898

3. 25— .5—

40
15—
25—

Name in Full: Ira Jacob Poper

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagers town — County: Wash

Date of death: 1904 Month: Jan Day: 30 — Age: Years: [redacted]3 Months: 1 Days: 9

Sex: male — Color or Race: White — Birthplace: Md.

Occupation: child — Where Residing if not at place of death:

Married, Single or Widowed: single — Name of Wife or Husband: —

Father's Name: Hillary Poper — Father's Birthplace: Md

Mother's Maiden Name: Ella Miner — Mother's Birthplace: "

Name of person giving Imformation: Hillary Poper — How related to deceased: father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Whooping Cough & Measles — How long:

Immediate: Pneumonia — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: N. K. Derr

Address: Hagerstown Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Gladys H. Remsen

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death: Month: 1; Day: 14; 1904

Age: Years: 13; Months: 7; Days: 21

Sex: Female; Color or Race: White; Birthplace: Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Jonas Remsen; Father's Birthplace: Md.

Mother's Maiden Name: Eliza A. Speichman; Mother's Birthplace: Md.

Name of person giving Imformation: Jonas Remsen; How related to deceased: Father.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart Disease; How long: 5 Years

Immediate: Heart-failure; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. K. Davis

Address: Hagerstown Md.

Accident or Suicide?

LIBRARY BUREAU A88918

Name in Full: Joshua Renner

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Wash.

Date of death: Month: Jan; Day: 31; Years: 55; Months: —; Days: —

TO BE ANSWERED BY NEAREST FRIEND

Sex: male; Color or Race: white; Birthplace: Md.

Occupation: Carpenter; Where Residing if not at place of death:

Married, Single or Widowed: single; Name of Wife or Husband:

Father's Name: not known; Father's Birthplace:

Mother's Maiden Name: "; Mother's Birthplace:

Name of person giving Imformation: J. C. Baumgard; How related to deceased: none

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: How long:

Immediate: Apoplexy; How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H. K. Derr.

Address: Hagerstown Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Mary E. Renner.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death 1904: Month: Jan; Day: 9th; Age: Years: 67; Months: —; Days: —

Sex: Female; Color or Race: White; Birthplace: Washington Co Md

~~Married~~ Single ~~Widowed~~ ~~Divorced~~: Single; Occupation: Housekeeper

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Jacob Renner; Father's Birthplace: Maryland

Mother's Maiden Name: Catharine Renner; Mother's Birthplace: Do Not Known

Name of person giving information: Mrs J. C. Brengnet; How related to deceased: Not stated

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mitral Insufficiency; How long: X

Immediate: Exhaustion; How long: X

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: A. W. Rogers

Address: Hagerstown Md

Accident or Suicide?

LIBRARY BUREAU A 2813

Name in Full: Solomon Renner

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sharpsburg; County: Washington

Date of death: 1904 Month: Jan Day: 24

Age: Years: 83 Months: — Days: 1

Sex: Male

Color or Race: White

Birthplace: —

Occupation: —

Where Residing if not at place of death: —

~~Married~~, Single or Widowed

Name of Wife or ~~Husband~~: Elizabeth Renner Wid'd

Father's Name: John Renner

Father's Birthplace: —

Mother's Maiden Name: Sarah Smith 154

Mother's Birthplace: —

Name of person giving Imformation: Annie Renner

How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General Debility

How long: Several Ten Years

Immediate: Paralysis

How long: about 4 8 hours

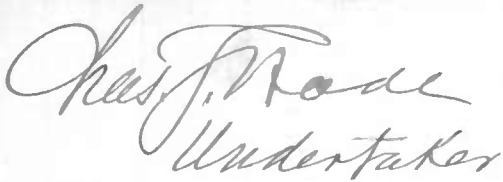
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. Howell Gardiner

Address: Sharpsburg Md

Accident or Suicide?

LIBRARY BUREAU A88316


Undertaker

Name in Full: George Wilkison Robinson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Williamsport; County: Washington

Date of death 1904: Month: Jany; Day: 4

Age: Years: 77; Months: 8; Days: 2

Sex: Male; Color or Race: White; Birthplace: Balto Co Md

Occupation: Cooper

Married, Single or Widowed

Name of Wife or Husband: Catharine E. Smith

Father's Name: Geo. W. Robinson Sr; Father's Birthplace: Pa

Mother's Maiden Name: dont Know; Mother's Birthplace: ——

Name of person giving Information: Chas Robinson; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis; How long: Three years

Immediate: Heart failure; How long: ——

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W S Richardson

Address: Williamsport Md

Accident or Suicide? No

LIBRARY BUREAU A6851G

Name in Full: Charles H. Rockwell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death: 1904; Month: 1; Day: 12; Years: 2; Months: 2; Days: 20

Sex: Male; Color or Race: White; Birthplace: Md

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: —; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Evd Rockwell; Father's Birthplace: Md

Mother's Maiden Name: Emma R Brubaker; Mother's Birthplace: Md

Name of person giving Imformation: Evd Rockwell; How related to deceased: Father

CAUSES OF DEATH

Primary: 179.; How long

Immediate: How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Le M. Wathrin

Address: Understater Hagerstown Md

Accident or Suicide?

no Physician family Day

Pneumonia

LIBRARY BUREAU A88816

Name in Full: Albertus C. Demler

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death 1904: Month: 1; Day: 3; Age: Years: 57; Months: 11; Days: 13

Sex: Male; Color or Race: White; Birthplace: Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: —

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Albertus C. Demler 93; Father's Birthplace: Md

Mother's Maiden Name: Sallie D. Fiegley; Mother's Birthplace: Md

Name of person giving Imformation: Albertus C. Demler; How related to deceased: Father

CAUSES OF DEATH.

PHYSICIAN OR CORONER

Primary: Pneumonia; How long:

Immediate: Exhaustion; How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: [illegible]

Address: Hagerstown Md

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Katherine Beck Sener

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Wash.

Date of death: 1906 Month: Jan Day: 3 Years: 6 Months: 10 Days:

Sex: female Color or Race: White Birthplace: Md.

Occupation: Child Where Residing if not at place of death: Baltimore Md.

Married, Single or Widowed: single Name of Wife or Husband:

Father's Name: Mandel Sener Father's Birthplace: Md.

Mother's Maiden Name: Carrie Beck Mother's Birthplace:

Name of person giving Imformation: Mandel Sener How related to deceased: father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Crushed Skull in — How long:

Immediate: Railroad Accident — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W B Morrison

Address: Hagerstown Md.

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Anna C Shafer

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: near Fellowmantown (Town) Washington (County)

Date of death 1904: Month 1, Day 10

Age: Years 37, Months 11, Days 27

Sex: Female

Color or Race: White

Birthplace: near Downsville

Married, Single or Widowed: single

Occupation:

Name of Wife or Husband:

Father's Name: Alx Shafer

Father's Birthplace: 30

Mother's Maiden Name: Catherine Long

Mother's Birthplace: Md

Name of person giving In formation: D Welty

How related to deceased: Brother in law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Spinal Tuberculosis — How long: 2 years

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. M. Reichard

Address: Fairplay

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Richard Sheckels.

CERTIFICATE OF DEATH

Died at — Town: Roanoke — County: Roanoke — ~~Maryland~~ Virginia

Date of death 1907 Jan 22 — Age: Years 47, Months 7, Days 23

Sex: male — Color or Race: White — Birthplace: Md.

Occupation: Machinist — Where Residing if not at place of death: 24

Married, Single or Widowed: single — Name of Wife or Husband:

Father's Name: Richard Sheckels — Father's Birthplace: Md.

Mother's Maiden Name: Eliza Sheckels — Mother's Birthplace: Penna

Name of person giving Imformation: Mrs C. D. Bennett — How related to deceased: sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary:

How long:

Immediate: Apoplexy

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C M Suter Undertaker

Address: Hagerstown Md.

Accident or Suicide?

LIBRARY BUREAU A20314

Name in Full: Alexandria Smith

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown County: Washington

Date of death: Month: 1904 Day: 26

Age: Years: 27 Months: Days:

Sex: Male. Color or Race: Colored Birthplace: Hagerstown

Occupation: Waiter. Where Residing if not at place of death:

Married, Single or Widowed: Single Name of Wife or Husband:

Father's Name: James Smith, 27 Father's Birthplace: Md

Mother's Maiden Name: Lizzie Harris Mother's Birthplace: Md

Name of person giving Imformation: Lizzie Smith How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Not Known How long:

Immediate: Pulmonary Tuberculosis How long: 14 months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. Simmons

Address: Hagerstown Maryland

Accident or Suicide?

LIBRARY BUREAU A8661G

Name in Full: Mrs Addie Snyder

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagerstown — County: Wash.

Date of death: 1904 — Month: Jan — Day: 16 — Age — Years: 52 — Months: 10 — Days: 18

Sex: Female — Color or Race: White — Birthplace: Md.

Occupation: N. A.

Where Residing if not at place of death: Hagerstown Md.

Married, Single or Widowed: married — Name of Wife or Husband: John Snyder

Father's Name: Henry Addesperger — Father's Birthplace: Md

Mother's Maiden Name: Josephine R. Shepard — Mother's Birthplace: Md.

Name of person giving Imformation: John Snyder — How related to deceased: husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Double Lobar Pneumonia — How long

Immediate: Exhaustion — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E. A. Wareham

Address: Hagerstown Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Infant son of John & Lucy Sodergreen

CERTIFICATE OF DEATH

Died at: Town: Hagerstown | County: Washington | MARYLAND

Date of death: 1904 | Month: 1 | Day: 1 | Age: Years — | Months — | Days 12

Sex: male | Color or Race: white | Birthplace: Md.

Occupation: child | Where Residing if not at place of death: Hagerstown, Md.

Married, Single or Widowed: single | Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Sodergreen | Father's Birthplace: Sweden

Mother's Maiden Name: Lucy Grout | Mother's Birthplace: Md.

Name of person giving Imformation: John Sodergreen | How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: | How long

Immediate: Heart Trouble | How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: C. H. W. Ragan M.D.

Address: Hagerstown Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full

Certificate of Death

Mrs Matilda Springer

Died at Town: New Ziegler County: Worth MARYLAND

Date 1904 Month: 1 Day: 16 | Age Y. 79 M. = D. = | Native of Md. | Occupation ~~~

~~Male~~ Female | White ~~Colored~~ | Married Single | Widow ~~Widower~~ | Divorced | Number of children living 7.

Husband ~~of~~ Wife

Father's Name John Kitzmiller

Mother's Maiden Name Miss Albert

Cause of Death: Primary Old age 10. | How long sick 2 weeks.

Immediate Grippe | Accident, ~~Suicide, Homicide~~

Reported by C. D. Zeke

Address Rhineville, Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70899

Name In Full

Certificate of Death

Ella Grace Starner

Died at Town: Indian spring County: Wash MARYLAND

Date 1904 Month: 1 Day: 18 | Age Y. 3 M. 1 D. | Native of: Maryland | Occupation: —

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / ~~Widower~~ — Divorced — Number of children living

Husband of

Wife

Father's Name: Harry W. Starner Mother's Maiden Name: Mary Nail

Cause of Death — Primary: 179. How long sick: 2 days

Immediate: unknown Accident, Suicide, Homicide

Reported by: Frantz Bros

Address: Clearspring Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78933

Name in Full: Ruby Catharine Staub

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death: Month: 1; Day: 2; Year: 90

Age: Years: 3; Months: ; Days:

Sex: Female

Color or Race: White

Birthplace: Md

Occupation: Child

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Samuel Staub

Father's Birthplace: Md

Mother's Maiden Name: Maud Sprecher

Mother's Birthplace: Md

Name of person giving Imformation: Samuel Staub

How related to deceasad: Father

166

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Concussion of the Brain.

How long: 3 hours.

Immediate: —

How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: Wirten Shriker

Address: Hagerstown Md

Accident or Suicide? —

LIBRARY BUREAU A88816

Name in Full: Ella Louise Stine

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagerstown — County: Washington

Date of death: 1904 — Month: 1 — Day: 11

Age — Years: 5 — Months: 3 — Days: 7

Sex: Female — Color or Race: White — Birthplace: Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Benjamin C. Stine — Father's Birthplace: Md

Mother's Maiden Name: Anna R Jacobs — Mother's Birthplace: Md

Name of person giving Imformation: Benjamin Stine — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 33 Days

Immediate: Pleural Pneumonia — How long: 8 Days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. E. Pitsnogle M.D.

Address: Hagerstown Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full

Certificate of Death

Mrs Catharine May Stoltzfuss Lager

Died at Town: Clearsville County: Washington MARYLAND

Date 1904 Month: 1 Day: 8 | Age Y. 28 M. 6 D. 9 | Native of Md | Occupetion Housewife

~~Male~~ Femele | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 3

Husbend of Wife David Stoltzfuss Lager

Father's Name John Shuffle Mother's Maiden Name Elizabeth Lantz

Cause of Death: Primary Child Birth 10 How long sick 3 weeks

Immediate

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by W. A. Shives Undertaker

Address Keitersburg Md.

Must be signed by physician, if any in attendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 79898

Name in Full: Kenneth Mc. Conas Stouffer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Wash.

Date of death 1906: Month: Jan; Day: 4; Age — Years: 1; Months: 6; Days: 11

Sex: male; Color or Race: white; Birthplace: Md.

Occupation: child; Where Residing if not at place of death: Hagerstown

Married, Single or Widowed: single; Name of Wife or Husband: —

Father's Name: R. Roy Stouffer 106; Father's Birthplace: Md.

Mother's Maiden Name: Grace Martin; Mother's Birthplace: Penna.

Name of person giving Imformation: R. R. Stouffer; How related to deceased: father.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro Enteritis; How long: 1 week

Immediate: Exhaustion; How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Victor Stouffer Jr.

Address: Hagerstown Md.

Accident or Suicide?

LIBRARY BUREAU A68818

Name in Full — Certificate of Death

Sera E Swope

Died at Town: Leitersburg County: Washington MARYLAND

Date 1934 Month: 1 Day: 5th | Age Y. 68 M. 11 D. 23 | Native of: Md | Occupation: House-wife

~~Male~~ / Female | White / ~~Colored~~ | Married / ~~Single~~ | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ | Number of children living 7

~~Husband~~ / Wife of Simon Swope

Father's Name Salin Coss | Mother's Maiden Name Dorothy Bowers

Cause of Death — Primary: Heart disease | How long sick: Three years

Immediate: Heart disease | ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by J. H. Wishard M.D.

Address Leitersburg Md.

Must be signed by physician, if any in attendance, otherwise by coro[illegible] undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Pauline L Taggart

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Smithburg; County: Washington

Date of death 1904: Month: January; Day: 6

Age: Years: 15; Months: 5; Days: 0

Sex: Female

Color or Race: white

Birthplace: Smithburg

Married, Single or Widowed: Single

Occupation: None

Name of Wife or Husband:

Father's Name: Alfred Taggart

Father's Birthplace: Smithburg

Mother's Maiden Name: Blanche S. Crawford

Mother's Birthplace: Sabillasville

Name of person giving In formation: Alfred Taggart

How related to deceased:

29

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tubercular Peritonitis

How long: 1 yr + 6 mos.

Immediate: Exhaustion + inanition

How long: 6 wks.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Dr. J. M. Steck

Address: Smithsburg Md.

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Jacob Warrenfeltz

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Tilghman Town; County: Washington

Date of death: 190[illegible] Month: 1 Day: 5 Age: Years: 79 Months: 8 Days: 20

TO BE ANSWERED BY NEAREST FRIEND

Sex: male Color or Race: White Birthplace:

Occupation: Farmer retired Where Residing if not at place of death: near Tilghman Town

~~Married, Single or Widowed~~: Widower Name of Wife or Husband:

Father's Name: Mr Warrenfeltz Father's Birthplace:

Mother's Maiden Name: Mrs Featherman Mother's Birthplace:

Name of person giving Imformation: Edward Warrenfeltz How related to deceased: son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paresis How long: 18 mos

Immediate: Exhaustion How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: V. M. Reichard

Address: Fairplay. md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Harry W. Wathins

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagerstown — County: Washington

Date of death: 1904 — Month: 1 — Day: 8 — Age: Years 6 — Months — — Days 19

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Wm Wathins — Father's Birthplace: Md

Mother's Maiden Name: Lydia Ann Boyd — Mother's Birthplace: Md

Name of person giving Information: Wm Wathins — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long

Immediate: Exhaustion — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E W Wathins

Address: [redacted]

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Samuel Weber

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Leaysford — County: Washington

Date of death 1904: Month: January — Day: 6 — Age: Years: 55 — Months — Days

Sex: male — Color or Race: white — Birthplace: near Hagerstown

Married, Single or Widowed: married — Occupation: Farmer

Name of Wife or Husband: Susan E

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

27

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption — How long: several years

Immediate: Dropsy — How long: Two weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Victor L Miller

Address: Mason & Dixon, Pa.

Accident or Suicide?

LIBRARY BUREAU A88618

T. H. Baughman
Sub Reg

Name in Full: Elias Henry Willett

No 180

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Williamsport — County: Washington

Date of death 190 4 — Month: January — Day: 14

Age — Years: 6 — Months: 9 — Days: 6

Sex: Male — Color or Race: White — Birthplace: Williamsport

Married, Single or Widowed — Occupation:

Name of Wife or Husband:

Father's Name: Saml. H. Willett — Father's Birthplace: Lelletsburg Pa

Mother's Maiden Name: Annie S Buell — Mother's Birthplace: Thurmont Md

Name of person giving information: S. H. Willett — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Diptheria — How long: six days

Immediate: Heart Failure — How long: Two days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Samuel K Smith

Address: Williamsport, Md.

Accident or Suicide?

LIBRARY BUREAU AP2318

Sat 10 - Rev Gann -
River View Cemetery

Name in Full: Mrs Rachel West

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagers town — County: Washington

Date of death: Month: Jan — Day: 25 — 1904

Age — Years: 68 — Months: — — Days: —

Sex: female — Color or Race: White — Birthplace: Penna.

Occupation: H. W. — Where Residing if not at place of death:

Married, Single or Widowed: widow — Name of ~~Wife or~~ Husband: Levi West.

Father's Name: John Hefflefinger — Father's Birthplace: Penna.

Mother's Maiden Name: Not Known — Mother's Birthplace: —

Name of person giving Imformation: W B West — 45 — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cancer — How long:

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. P. Slauffer

Address: Hagerstown Md.

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Isaac Carruthers Wells

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Brosnis; County: Morgan W Va; ~~MARYLAND~~

Date of death 190 / Month / Day; Age: Years / Months 10 / Days

Sex: Male; Color or Race: White; Birthplace: Brosnis

Occupation: Infant; Where Residing if not at place of death:

Married, Single or Widowed: —; Name of Wife or Husband: —

Father's Name: Frank Thomas Wells 179; Father's Birthplace: Nash Co

Mother's Maiden Name: Mary Carruthers; Mother's Birthplace: Frank Co Pa

Name of person giving In formation: Frank T Wells; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: —; How long: —

Immediate: Catarrhal Fever; How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: P Thomas Jr signs

Address: Hancock W Va Md.

Accident or Suicide?

LIBRARY BUREAU A63516

Name in Full: Helen R Wenter

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagerstown — County: Washington

Date of death: 1904 — Month: 1 — Day: 6

Age — Years: 1 — Months: 5 — Days: 4

Sex: Female — Color or Race: White — Birthplace: Md

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name: Geo R Wenter 6. — Father's Birthplace: Md

Mother's Maiden Name: Anna M Burger — Mother's Birthplace: Md

Name of person giving Imformation: Geo R Wenter — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Measles — How long: 1 week

Immediate: Broncho Pneumonia — How long: 2 days.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm. Tend. Miller Jr.

Address: Hagerstown, Md.

Accident or Suicide? no

LIBRARY BUREAU A88218

Name in Full: Roy Williams

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: New Kanawha County: Wash.

Date of death: 1904 Month: Jan Day: 2 Years: 2 Months: Days:

Sex: Male Color or Race: Black Birthplace: Ohio

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: Single Name of Wife or Husband:

Father's Name: Not Known Father's Birthplace:

Mother's Maiden Name: Not Known Mother's Birthplace:

Name of person giving Information: Horace Watson How related to deceased: R.R.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Drunkenness & Exposure How long:

Immediate: How long: 3 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Martin Jenkins M.D.

Address: New Kanawha Md

Accident or Suicide?

LIBRARY BUREAU A88618

Name in Full: Oscar Wolf

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Wash.

Date of death 1906: Month: Jan; Day: 2; Years: 22; Months: —; Days: —

Sex: male; Color or Race: White; Birthplace: Md.

Occupation: Laborer; Where Residing if not at place of death: —

Married, Single or Widowed: single; Name of Wife or Husband: —

Father's Name: —; Father's Birthplace: —

Mother's Maiden Name: Emma Black; Mother's Birthplace: Md.

Name of person giving Imformation: 7; How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis; How long: —

Immediate: Mitral regurgitation pulmonary oedema; How long: two weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: C. M. Sutler

Address: Hagerstown Md.

Accident or Suicide? neither

LIBRARY BUREAU A88618